

EXHIBIT 5

KK



**DONNA KAY MCKINNEY
DISTRICT CLERK**

REQUEST FOR ABSTRACT OF JUDGMENT/WRIT OF EXECUTION

Style:

Malik M S Bey

Case Number: 2018CI01628

VS.

BOARD OF GOVERNORS OF THE F

Court: 438

Date of Judgment: 20FEB2018

Date: 21FEB2018

REQUEST THE FOLLOWING: (Check all that apply)

☒ ABSTRACT OF JUDGMENT ☒ WRIT OF EXECUTION ☐ WRIT OF EXECUTION/ORDER OF SALE
☐ CERTIFICATE OF RENEWAL ☐ WRIT OF POSSESSION ☐ OTHER _____

PLEASE FILL OUT THE FOLLOWING: (Issuance may be delayed due to lack of information.)

Name of Plaintiff: DICKSON MICHAEL GEORGE

Plaintiff's Address: c/o 8610 Woodpath Ln. Houston Texas [77075]

(1) Name of Defendant: BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM

Defendant's Address: 20th Street and Constitution Avenue N.W., Washington, DC 20551

Driver's License No.: _____ Date of Birth: _____

(2) Name of Defendant: _____

Defendant's Address: _____

Driver's License No.: _____ Date of Birth: _____

NAME OF ATTORNEY/PRO SE: Malik-Mikaere: Saleem-Bey

ADDRESS: c/o 8610 Woodpath Ln Houston Texas [77075]

PHONE NUMBER: 510-871-0369

BALANCE DUE ON JUDGMENT: 3,156,100,431 USD 15NOV2017

SPECIAL INSTUCTIONS: ☐ MAIL WHEN READY ☒ Call when ready 510-871-0369
 (Self-Addressed Stamped Envelope Must Be Provided)

For Office Use Only:

Name: _____ Date: ____/____/____

2018 Feb
210
Bella A. Smith

FILED
DONNA KAY MCKINNEY
DISTRICT CLERK
2018 FEB 26 P 2:40
DEPUTY

FILED
ANNA KAY HEKINNEY
DISTRICT CLERK
BEXAR COUNTY
18 FEB 26 AM 8:31
DEPUTY
BY [Signature]

DETAIL INFORMATION SELECTED:

Cause Number: **2018CI01628**
Business/Last Name: **MICHAEL GEORGE DICKSON**
Litigant Type: **OTHER**
Style: **MALIK M S BEY**
vs BOARD OF GOVERNORS OF THE FEDERAL
RESERVE SYSTEM
Court: **438**
Date Filed: **01/29/2018**
Docket Type: **OTHER REAL PROPERTY**
Case Status: **PENDING**

Information as of: 02/07/2018 10:25:46 AM.

Cornell Law School

Federal Rules of Civil Procedure › TITLE VII. JUDGMENT › Rule 55. Default; Default Judgment

Rule 55. Default; Default Judgment

(a) **ENTERING A DEFAULT.** When a party against whom a judgment for affirmative relief is sought has failed to plead or otherwise defend, and that failure is shown by affidavit or otherwise, the clerk must enter the party's default.

(b) **ENTERING A DEFAULT JUDGMENT.**

(1) *By the Clerk.* If the plaintiff's claim is for a sum certain or a sum that can be made certain by computation, the clerk—on the plaintiff's request, with an affidavit showing the amount due—must enter judgment for that amount and costs against a defendant who has been defaulted for not appearing and who is neither a minor nor an incompetent person.

(2) *By the Court.* In all other cases, the party must apply to the court for a default judgment. A default judgment may be entered against a minor or incompetent person only if represented by a general guardian, conservator, or other like fiduciary who has appeared. If the party against whom a default judgment is sought has appeared personally or by a representative, that party or its representative must be served with written notice of the application at least 7 days before the hearing. The court may conduct hearings or make referrals—preserving any federal statutory right to a jury trial—when, to enter or effectuate judgment, it needs to:

- (A) conduct an accounting;
- (B) determine the amount of damages;
- (C) establish the truth of any allegation by evidence; or
- (D) investigate any other matter.

(c) **SETTING ASIDE A DEFAULT OR A DEFAULT JUDGMENT.** The court may set aside an entry of default for good cause, and it may set aside a final default judgment under Rule 60(b).

(d) **JUDGMENT AGAINST THE UNITED STATES.** A default judgment may be entered against the United States, its officers, or its agencies only if the claimant establishes a claim or right to relief by evidence that satisfies the court.

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

CPU



U.S. POSTAGE
\$6.70
PRFL 0005
Orig: 78251
02/23/18
11113408
82
90

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A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

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★ MAIL ★**



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*Michael DeLise
8610 Woodhollow Lane
Houston, TX 77075*

BY

DEPUTY

18 FEB 26 AM 8:31

DEPUTY CLERK
BEXAR COUNTY

TO:

*Bexar County District Clerk
101 W. Union, Suite 217
San Antonio, TX 78205-3411*

Label 226, March 2016

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DOCUMENT SCANNED AS FILED

CERTIFIED MAIL #70160600000041394773



2018CI01628 500001

Case Number: 2018-CI-01628

MALIK M S BEY

vs.

BOARD OF GOVERNORS OF THE FEDERAL RESER

(Note: Attached document may contain additional litigants).

CITATION

IN THE DISTRICT COURT
438th JUDICIAL DISTRICT
BEXAR COUNTY, TEXAS

"THE STATE OF TEXAS"

DIRECTED TO: GOVERNORS OF THE FEDERAL RESERVE SYSTEM

AFFIDAVIT OF
20TH CONSTITUTIONA AVE
N W WASHINGTON DC 20551 **LIABILITY**

"You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this CITATION and ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT, a default judgment may be taken against you." Said CITATION with ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT was filed on the 29th day of January, 2018.

ISSUED UNDER MY HAND AND SEAL OF SAID COURT ON THIS 1ST DAY OF February A.D., 2018.

MALIK MIKAERE SALEEM BEY
ATTORNEY FOR PLAINTIFF
8610 WOODPATH LN
HOUSTON, TX 77075-5738

mlo 2/1/18



Donna Kay McKinney
Bexar County District Clerk
101 W. Nueva, Suite 217
San Antonio, Texas 78205

By: Isaias Ibarra, Deputy

MALIK M S BEY
vs
BOARD OF GOVERNORS OF THE FEDERAL RESER

Officer's Return

Case Number: 2018-CI-01628
Court: 438th Judicial District Court

Came to hand on the 1st day of February 2018, A.D., at 1:27 o'clock P.M. and EXECUTED (NOT EXECUTED) by CERTIFIED MAIL, on the _____ day of _____ 20____, by delivering to: _____ at 20TH CONSTITUTIONA AVE N W WASHINGTON DC 20551 a true copy of this Citation, upon which I endorsed that date of delivery, together with the accompanying copy of the CITATION with ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT.

Cause of failure to execute this Citation is _____

Donna Kay McKinney
Clerk of the District Courts of
Bexar County, TX
By: Isaias Ibarra, Deputy

FILE COPY (DK003)

DOCUMENT SCANNED AS FILED

CERTIFIED MAIL #70160600000041394773



2818CI01628 508881

Case Number: 2018-CI-01628

MALIK M S BEY

vs.

BOARD OF GOVERNORS OF THE FEDERAL RESER

(Note: Attached document may contain additional litigants).

CITATION

IN THE DISTRICT COURT
438th JUDICIAL DISTRICT
BEXAR COUNTY, TEXAS

"THE STATE OF TEXAS"

DIRECTED TO: GOVERNORS OF THE FEDERAL RESERVE SYSTEM

AFFIDAVIT OF
20TH CONSTITUTIONA AVE
N W WASHINGTON DC 20551
LIABILITY

"You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this CITATION and ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT, a default judgment may be taken against you." Said CITATION with ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT was filed on the 29th day of January, 2018.

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ATTORNEY FOR PLAINTIFF
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HOUSTON, TX 77075-5738

mlo 2/1/18



Donna Kay McKinney
Bexar County District Clerk
101 W. Nueva, Suite 217
San Antonio, Texas 78205

By: Isaias Ibarra, Deputy

MALIK M S BEY
vs
BOARD OF GOVERNORS OF THE FEDERAL RESER

Officer's Return

Case Number: 2018-CI-01628
Court: 438th Judicial District Court

Came to hand on the 1st day of February 2018, A.D., at 1:27 o'clock P.M. and EXECUTED (NOT EXECUTED) by CERTIFIED MAIL, on the _____ day of _____ 20____, by delivering to: _____ at 20TH CONSTITUTIONA AVE N W WASHINGTON DC 20551 a true copy of this Citation, upon which I endorsed that date of delivery, together with the accompanying copy of the CITATION with ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT.

Cause of failure to execute this Citation is _____

Donna Kay McKinney
Clerk of the District Courts of
Bexar County, TX
By: Isaias Ibarra, Deputy

FILE COPY (DK883)

DOCUMENT SCANNED AS FILED

2018-CI-01628

438TH JUDICIAL DISTRICT COURT

DICKSON M GEORGE VS BOARD OF GOVERNORS O

Malik-Mikaere: Sales

DBA DICKSON MICHAEL

DATE FILED: 01/29/2018

Bailiff/Sole beneficiary/Holder in Due Course

Auth. Rep of MICHAEL GEORGE DICKSON LLC

S.S. [REDACTED] EIN [REDACTED]

c/o Non-Domestic Foreign mail PMB 8610 Woodpath Ln.

Houston Territory, Texas Republic-without the U.S.

[77075]

Administrative act:

Surcharging Affidavit of truth and fact.

**AFFIDAVIT OF
INABILITY**

19JAN2018

Via Subrogate: DICKSON MICHAEL GEORGE,) D-U-N-S No.:05-987-3884 Public record
Equitable Demandant,) Reg mail:**Complaint Bill**

vs. BOARD OF GOVERNORS OF THE FEDERAL

RESERVE SYSTEM

20th ST. & Constitutional Ave N.W.

Washington D.C. 20551

D-U-N-S No.: 00-195-9410

Respondent et al,

Annulment of perpetual Justitium

Respondeat Superior et al;

11/15/2017 A Legally validated, "Versacheck Security Business", third party

"Validated DNA Secure Check", verifiable at "gValidate.com"; Draft No: 1008,

account # [REDACTED] was lawfully sent for processing, (via Bank of America

checking account San Antonio) to the F.R.B. 1000 PEACHTREE ST. ATLANTA GA.

30309, and was returned stamped "FRAUD". "RETURN REASON-N ALTERED/FICTITIOS"

(EX. A). Due Diligence being mandatory in the financial industry, Ignorantia

juris non excusat, the ex delicto action taken is in violation of the

following Laws and Statutes, inter alia.

1)RICO: TITLE 18 U.S. CODE § 1961/62/63/64.65/66/67/68

2)Malpractice: improper, illegal, or negligent professional activity or

treatment, especially by a medical practitioner, lawyer, or public official

Complaint Bill - 1

1 3)Subreption: the deliberate concealment or misrepresentation of facts in
2 order to gain some benefit or advantage.

3 4)Statements or Entries Generally: TITLE 18 U.S. CODE § 1001

4 5)Fraud and related activity in connection with identification documents,
5 authentication features, and information alleging facts contrary to truth.
6 :18 U.S. Code § 1028

7 6)The Unwarranted imposition of *Capitis Diminutio Maxima* upon One's being.

8 7)Defamation of Character: McGowen v. Prentice, La.App.,341 So.2d 55, 57

9 8)Fraudulent Concealment: Newell Bros. v. Hansen, 97 Vt.297, 123 A. 208, 210

10 9)Grand larceny: the offense of illegally taking the property of another—in
11 which the value of the property taken is greater than that set for petit
12 larceny.

13 10)Depravation of Rights Under Color of Law: TITLE 18 U.S. CODE § 242

14 11)False Imprisonment: Johnson vs. Jackson 43 Ill.APP2d 251, 193 N.E.2d 485,
15 489

16 12)libel: Bright v. Los Angeles School Dist. 51 Cal. App. 3d 852, 123 Cal.
17 Rptr. 598, 604.

18
19 Asseveration of fact

20
21 Being formerly known as Michael-George: Dickson, (born, affected, declined,
22 incorporated and escheated [REDACTED] 1967); I am Malik-Mikaere: Saleem Bey, a
23 Living/Sentient, Plenipotentiary free man on the land, until legally and
24 factually, proven otherwise, do hereby assert Devine, Spiritual, Personal,
25 and Subject Matter Jurisdiction with "Clean Hands", having reached the age of
26 "Majority", In Propria Persona, Pro Se, Sui Juris and affirming the
27 Revendication actions taken and listed herein, are Specifically for these
28 Intents and Purposes:

- 1) Refute: **"ATTENDED BY A PHYSICIAN"**, [Cretin] Birth certificate medical diagnoses.
- 2) Refute: **"Minority/Wardship Status"**
- 3) Refute: All foreign/external/Fraudulent (based on acquiescence due to Surcharge) Fiduciary/Custodian/Power of Attorney claims imposed upon the legal entity/Debtor known MICHAEL GEORGE DICKSON.
- 4) Asseveration of: National Identity, Honor and Equity
- 5) Asseveration of: **"American"**, **"Natural Person"**, **"IN FULL LIFE"** Status
- 6) Asseveration of: **Right to Demand**; In full, all **"Inheritances"** corporal and incorporeal, in accord with **ARTICLE 22 "TREATY OF PEACE AND FRIENDSHIP"** [1200] 1787.
- 7) Asseveration of: **"Sole Allodium, Inalienable Birthright"** Entity ownership and account management for all **"Freehold Estate"** assets proceeds and products pertaining to, originating from and/or consisting of, *inter alia*:
 - A) Accounts receivable
 - B) Inventory
 - C) Assets
 - D) Accounts
 - E) Chattel paper

Revendication Actions Promulgated

- 1) Articles of Organization, formed 7/16/1967 under laws of Nevada, USA (EX. B)
- 2) [Birth Certificate] Inheritance/Estate Bond with correlating Transaction I.D. (EX. C)

1 3)UCC Financing Statement listing Collateral, debtor and Secured Party
 2 (EX. D)
 3 4)UCC Financing Amendment claiming any and all Assets (EX. E)
 4 5)"Perfection of security interest" in accord with U.C.C Section 9-303
 5 PUBLIC RECORD DUNN&BRADSTREET 05-9873884.

6
 7 Sworn Asseveration Under Penalty Of Perjury
 8

9 I am, Malik-Mikaere: Saleem Bey, being of sound Mind and Body, in-Justness,
 10 having reached the age of Majority, Competent to conduct One's Own Affairs,
 11 and hereby making this Asseveration, In Propria Persona, Pro Se, Sui Juris,
 12 do Solemnly State, Declare & Swear that the Truths and Facts herein are;
 13 firsthand personal knowledge, of One's own Volition, ~~Non-Assumpsit~~, Correct,
 14 Certain, Relevant, Deliberate and Complete Juris et de jure: I am, Malik-
 15 Mikaere: Saleem Bey, affirming Nunc pro tunc; never in the past, not now, nor
 16 ever in the future, do I intend to purposely or otherwise avail myself to be
 17 held in; physical, mental, spiritual, magical, factual, economic,
 18 Hypothetical, theoretical, philosophical involuntary or voluntary; slavery,
 19 wardship, drudgery, serfdom, tenant/vassalage, captivity, bondage, servitude,
 20 thralldom, peonage, occupation, subjugation, benefits, privileges, and/or
 21 opportunities offered, in any shape, form or fashion whatsoever, irrelevant
 22 of nomen or type of enactment. Leges posteriores priores contrarias abrogant.

23
 24 Judgement in Default/Decree/Effect
 25

26 Having Plenum Dominium with Sole Jurisdiction of, by, for and in Jus Divinum,
 27 [and in acceptance with U.S. Public law: Chap. 48, 48 Stat. 112] do hereby
 28 Decree/order all relevant entities/parties to: Honor One's Checks/Drafts,

1 allowing one access to One's own book entry credit, fiscal value 11/15/2017:
 2 3,156,100,431 USD. Account numbers: [SS-REDACTED], [EIN-REDACTED] and [D-U-N-
 3 S]-REDACTED, thereby making one who's name is on the [minority] account's
 4 [held in custodial/majority TD accounts] the sole "Entity Account Manager"
 5 or; Establish the same with equivocal account/s or; issuance of a [cashier's]
 6 check for the "amount to date" fiscal value of the accumulated Estate's
 7 mortgages, dividends products and proceeds or Cash me out. Obedience to the
 8 law being de jure and de facto mandatory. Actus judicarius coram non judice
 9 irritus habetur; de ministerial autem a quocunque provenit ratum esto.

10 11 Rebuttals

12
 13 Any "Natural Person", man or woman, having firsthand irrefutable personal
 14 knowledge and evidence of all facts herein and having absolute power and
 15 authority to rebut this "Affidavit/complaint" must do so in their Proper
 16 Person, sui juris, affirming their own volition, with the rebutting party's
 17 own name and signature, endorsement notarized, under penalty of perjury,
 18 willing to testify, executed as true, correct, and complete with positive
 19 proof attached. Absent positive proof any rebuttal shall be deemed null and
 20 void having no force or effect, thereby waiving any counter claimant
 21 immunities or defenses. Any rebuttal shall be mailed to the Demandant and the
 22 Notary address within 21 calendar days of receipt of this Affidavit. Absent
 23 of rebuttals received by both the Demandant and the Notary within 21 days of
 24 receipt said Affidavit, this "Asseveration of Truth and Fact" shall stand
 25 Authentic with full force of Law.

1 I now affix my Signature & Seal giving value to this, Sworn under Penalty of
2 Perjury "Surcharging Affidavit of Truth and Fact".

3 Without Prejudice, Under Reserve,

4 Author, Legal Demandant: Malik Bey

5 Malik-Mikaere: Saleem Bey, GRANTOR, Auth. Rep.

6 for MICHAEL GEORGE DICKSON, [REDACTED]

7

8 JURAT

9 STATE OF TEXAS)

10 COUNTY OF BEXAR)

11 SUBSCRIBED AND SWORN TO BEFORE ME on this 24 Day of JAN., 2018,

12 by Malik-Mikaere: Saleem Bey, proved to me on the basis of satisfactory

13 evidence to be the man who appeared before me.

14

15

16

Keanu Quinn Marquez

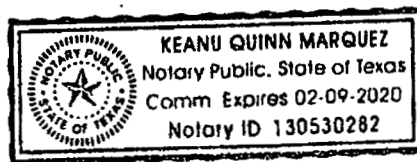
Notary stamp

17

- Place Notary Signature Above -

18

Commission Expires 02/09/2020



19

20

21

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23

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27

28

Seal:

Complaint Bill - 6

x Malik: Bey

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

**MICHAEL GEORGE DICKSON**8610 WOODPATH LN
HOUSTON, TX 77075
510-871-0369

FRB

1000 PEACHTREE ST, N.E.
ATLANTA, GA 30309-4470
866-234-568105-10
00033

Ex. A

1008

DATE

11/13/2017

Reference:

PAY **MICHAEL GEORGE DICKSON Llc**\$ ****7,000.00**

SEVEN-THOUSAND AND 00/100*****

DOLLARS

TO THE
ORDER
OF**MICHAEL GEORGE DICKSON Llc**
8610 WOODPATH LN
HOUSTON, TX 77075VALIDATED DNA SECURE CHECK
Verify at gValidate.com

Memo

gValidate.com

111012822
11/15/2017
323309173This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.RETURN REASON-N
ALTERED /
FICTITIOUS*18370001*
7251
1
*02203*0018022300
00630001461 11/15/2017

ALTER/FICT

863000191
11/14/2017
333768837402530277
C1110000253 11/13/2017

MICHAEL GEORGE DICKSON		FRB	1008
8610 WOODPATH LN HOUSTON, TX 77075		FOR DEPOSIT ONLY ATLANTA, GA 30309	
DATE		11/13/2017	
TO THE ORDER OF		MICHAEL GEORGE DICKSON Llc	
AMOUNT		\$ 7,000.00	
DOLLARS			

001000 C051000011C 054878854*

Ex. A

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Ex.B

Office of the Secretary of State

**CERTIFICATE OF REGISTRATION OF NAME
OF**

MICHAEL GEORGE DICKSON

The undersigned, as Secretary of State of Texas, hereby certifies that the above organization formed under the laws of Nevada, USA has registered its name in this office pursuant to the provisions of Section 5.152 of the Texas Business Organizations Code effective through 09/07/2017.


Issuance of this certificate of registration does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 09/07/2016



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Form 502 Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709 Filing Fee: \$40	 Application for Registration of an Entity Name	Filed in the Office of the Secretary of State of Texas Filing #: 802536198 09/07/2016 Document #: 688400500004 Image Generated Electronically for Web Filing
Entity Name		
The organization named below is a foreign filing entity not registered to do business in Texas, and submits this application to register its name under sections 5.151 to 5.152 of the Texas Business Organizations Code.		
<u>MICHAEL GEORGE DICKSON</u>		
Entity Address		
<u>8610 WOODPATH LN, HOUSTON, TX, USA 77075</u>		
Jurisdiction and Date of Formation		
The organization was formed on <u>7/16/1967</u> under the laws of <u>NEVADA, USA</u>		
Nature of Business		
The nature of the organization's business is: <u>Solicitor, INTERNATIONAL TRADE, TRUST</u>		
Certification of Existence		
The undersigned authorized person certifies that the organization validly exists and is doing business under the laws of its jurisdiction of formation as a:		
<u>Foreign Limited Liability Company (LLC)</u>		
Letter of Consent		
A letter of consent, if required is attached.		
Execution		
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.		
Date: <u>September 7, 2016</u>	<u>Hilear Godwin</u> Signature of applicant, applicant's attorney or agent	

FILING OFFICE COPY

VitalChek Receipt
Nevada Vital Records

Ex. C

Date / Time: 5/9/2017 05:31 PM CDT
Order Number: 67401384
Line Item: 1 of 2
Certificate Type: BIRTH CERTIFICATE
Name on Certificate: MICHAEL GEORGE DICKSON
Event Date: [REDACTED]
Number of Copies: 1
Applicant's Phone: (510)-871-0369

MICHAEL DICKSON
8610 WOODPATH LN.
HOUSTON, TX 77075

Method of Delivery:

UPS Air



Authorization Code: 07397D

Agency Fee:	\$40.00
Other Agency Fee:	\$0.00
Misc Fee:	\$0.00
Shipping:	\$20.00
VCN Handling:	\$12.50
Total Order Fees:	\$72.50

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

STATE OF NEVADA—DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

67-004233

REGISTRAR'S NO. **2384** CERTIFICATE OF LIVE BIRTH BIRTH NO. 127

1. PLACE OF BIRTH, STATE OF NEVADA A. COUNTY <u>Clark</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) A. STATE <u>Nevada B. COUNTY <u>Clark</u> </u>	
3. CITY, TOWN, OR LOCATION <u>Las Vegas</u>		4. CITY, TOWN, OR LOCATION <u>Las Vegas</u>	
5. NAME OF HOSPITAL OR INSTITUTION <u>So. Nevada Memorial Hospital</u>		6. STREET ADDRESS <u>1801 North "J" Street, Apartment 202D</u>	
7. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
9. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CHILD			
3. NAME (First) (Middle) (Last) <u>Michael George Dickson</u>			
4. SEX <u>Male</u> 5A. THIS BIRTH <u>SINGLE</u> 5B. IF TWIN OR TRIPLET, WAS CHILD BORN <u>1ST</u>			
6. DATE (Month) (Day) (Year) <u>7/18/67</u>			
FATHER			
7. NAME (First) (Middle) (Last) <u>Velvet Lee Dickson</u>			
8. COLOR OR RACE <u>Negro</u>			
9. AGE (At time of this birth) <u>26 YEARS</u>		10. BIRTHPLACE (State or foreign country) <u>Texas</u>	
11A. USUAL OCCUPATION <u>Commercial Artist</u>		11B. KIND OF BUSINESS OR INDUSTRY <u>Own Account</u>	
MOTHER			
12. MAIDEN NAME (First) (Middle) (Last) <u>Dorothy Lavon Haywood</u>			
13. COLOR OR RACE <u>Negro</u>			
14. AGE (At time of this birth) <u>24 YEARS</u>		15. BIRTHPLACE (State or foreign country) <u>California</u>	
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <u>2</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many fetal deaths (fetuses born dead at ANY time after conception)? <u>0</u>			
17. INFORMANT'S SIGNATURE <u>Dorothy Lavon Haywood Dickson</u>			
18. MOTHER'S MAILING ADDRESS <u>1801 North "J" Street, Apartment 202D, Las Vegas, Nevada</u>			
18A. SIGNATURE <u>Harrison H. Shield, M.D.</u>		18B. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	
18C. ADDRESS <u>Harrison H. Shield, M.D., Las Vegas, Nevada</u>		18D. DATE SIGNED <u>7/18/67</u>	
19. DATE REC'D. BY LOCAL REG. <u>JUL 25 1967</u>		20. REGISTRAR'S SIGNATURE <u>Helen Blawie Dep</u>	
21. DATE ON WHICH GIVEN NAME ADDED BY <u>(Registrar)</u>			

000672750



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAY 10 2017

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



Ex. D

Uniform Commercial Code
P.O. Box 13193
Austin, Texas 78711-3193



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

DICKSON, MICHAEL GEORGE
Attn: MICHAEL GEORGE DICKSON
8610 Woodpath Ln
Houston, TX 77075 -

September 20, 2016
Page 1 of 1
Filing Fee: \$5.00
Total Filing Fee: \$5.00

Re: Texas UCC Initial Filing Acknowledgment

The Texas Secretary of State's Office has received and filed your document. The information below reflects the data that was indexed into our system.

Initial Filing Type: Financing Statement

Initial Filing Number: 16-0030979843

Filing Date: 09/20/2016

Filing Time: 6:47 a.m.

Lapse Date: 09/20/2021

Document Number: 690396240002

<u>Party Type</u>	<u>Party Name and Address</u>
Secured Party	DICKSON MICHAEL GEORGE 8610 WOODPATH LN., HOUSTON, TX, USA,
Debtor	MICHAEL GEORGE DICKSON 8610 WOODPATH LN., HOUSTON, TX, USA,
Debtor	MICHAEL GEORGE DICKSON LLC 8610 WOODPATH LN., HOUSTON, TX, USA,

Please feel free to contact us at 512-475-2703 if you have any questions regarding the above information.

User ID: WEBSUBSCRIBER

Come visit us on the Internet @ <http://www.sos.state.tx.us/>

Phone: 512-475-2703

Fax: 512-463-1423

Dial 7-1-1 for Relay Services

DOCUMENT SCANNED AS FILED

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
MICHAEL GEORGE DICKSON 5108710369

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

DICKSON, MICHAEL GEORGE
8610 Woodpath Ln
Houston, TX 77075
USA

FILING NUMBER: 16-0030979843

FILING DATE: 09/20/2016 06:47 AM

DOCUMENT NUMBER: 690396240002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Michael George Dickson				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 8610 Woodpath Ln.		CITY Houston	STATE TX	POSTAL CODE
				COUNTRY USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME MICHAEL GEORGE DICKSON LLC				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 8610 Woodpath Ln.		CITY Houston	STATE TX	POSTAL CODE
				COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 8610 Woodpath Ln.		CITY Houston	STATE TX	POSTAL CODE
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
STATE OF NEVADA-DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH-SECTION OF VITAL STATISTICS
REGISTRAR'S No. 24984 CERTIFICATE OF LIVE BIRTH No. 127-87-004233

1. PLACE OF BIRTH: STATE OF NEVADA

A. COUNTY: CLARK

B. CITY, TOWN, OR LOCATION: Las Vegas

C. NAME OF HOSPITAL OR INSTITUTION: So. Nevada Memorial Hospital

D. IS PLACE OF BIRTH INSIDE CITY LIMITS: YES

2. USUAL RESIDENCE OF MOTHER (Where does mother live)

A. STATE: Nevada

B. COUNTY: Clark

C. CITY, TOWN, OR LOCATION: Las Vegas

D. STREET ADDRESS: 1801 North "J" Street Apartment 202D

E. IS RESIDENCE INSIDE CITY LIMITS: YES

F. IS RESIDENCE ON A FARM: NO

CHILD

3. NAME: Michael George Dickson

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☒ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☒ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

802536198

pal 12

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

OR	9a. ORGANIZATION'S NAME Michael George Dickson
	9b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

OR	10a. ORGANIZATION'S NAME
	10b. INDIVIDUAL'S SURNAME
	INDIVIDUAL'S FIRST PERSONAL NAME
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S SURNAME Godwin			
	FIRST PERSONAL NAME Hilear			
	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
11c. MAILING ADDRESS	CITY Houston	STATE TX	POSTAL CODE	COUNTRY USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

4. SEX: Male

5. THIS BIRTH: single

6. DATE OF BIRTH: [REDACTED]

FATHER

7. NAME: Velvet Lee Dickson

8. COLOR OR RACE: Negro

9. AGE (At time of this birth): 26 YEARS

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Description of real estate:

17. MISCELLANEOUS:

3

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

3. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

OR	9a. ORGANIZATION'S NAME Michael George Dickson
	9b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

4. This FINANCING STATEMENT covers the following collateral:

10. BIRTHPLACE (State or foreign country): Texas

11A. USUAL OCCUPATION: Commercial artist

11B. KIND OF BUSINESS OR INDUSTRY: Own Account
MOTHER

12. MAIDEN NAME: Dorothy Lavon Haywood

13. COLOR OR RACE: Negro

14. AGE (at time of birth): 24 YEARS

15. BIRTHPLACE: California

16. PREVIOUS DELIVERIES BY MOTHER: 2

17. INFORMANT'S SIGNATURE: Dorothy Lavon Haywood Dickson

18. MOTHER'S MAILING ADDRESS: 1801 North "J" Street, Apartment 202D, Las Vegas, Nevada

I hereby certify that this child was born alive on the date above at 12:05pm

18A. SIGNATURE: Harrison H. Sheld M.D.

18B. ATTENDANT AT BIRTH: M.D.

18C. ADDRESS: Harrison H. Sheld M.D. Las Vegas, Nevada

18D. DATE SIGNED: 07/18/67

19. DATE REC'D BY LOCAL REG.: JUL 25 1967

20. Helen Davis Dep.

FILING OFFICE COPY

Uniform Commercial Code
P.O. Box 13193
Austin, Texas 78711-3193



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

September 20, 2017

Page 1 of 1

DICKSON, MICHAEL GEORGE

Attn:

8610 Woodpath Ln
Houston, TX 77075 -

Filing Fee: \$5.00

Total Filing Fee: \$5.00

Re: Texas UCC Amendment Filing Acknowledgment

The Texas Secretary of State's Office has received and filed your document. The information below reflects the data that was indexed into our system.

Initial Filing Type: Financing Statement

Amendment Filing Number: 17-00319355

Initial Filing Number: 16-0030979843

Filing Date: 09/20/2017

Filing Time: 12:44 p.m.

Lapse Date: 09/20/2021

Document Number: 762482950002

Amendment Type: Collateral Change

Please feel free to contact us at 512-475-2703 if you have any questions regarding the above information.

User ID: WEBSUBSCRIBER

FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

DICKSON, MICHAEL GEORGE 5108710369

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

DICKSON, MICHAEL GEORGE

8610 Woodpath Ln

Houston, TX 77075

USA

FILING NUMBER: 17-00319355

FILING DATE: 09/20/2017 12:44 PM

DOCUMENT NUMBER: 762482950002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

16-0030979843

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.
Filer: attest Amendment Addendum (Form UCC3Ad) and provide Debtor's name in Item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in Item 7a or 7b and address of Assignee in Item 7c and also name of Assignor in Item 9.
For partial assignment, complete Item 7 and 9 and also indicate affected collateral in Item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b.6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☒ **COLLATERAL CHANGE:** Also check one of these four boxes: ☒ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

all inventory associated with, coming from, or pertaining to the Birth Certificate/inheritance bond previously listed, including, but not limited to, all Treasury Direct Accounts, all Social Security Accounts, all Securities and Hypothecated funds derived from, all Bank Accounts and the assets/cash/book entry credit within, all Accounts Receivable, all Chattel Paper, all Real Estate, all Collateral Proceeds and Collateral Products

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

DICKSON

MICHAEL

GEORGE

10. **OPTIONAL FILER REFERENCE DATA:**

FILING OFFICE COPY

DOCUMENT SCANNED AS FILED

Malik: Bey:

2018-CI-01628

NOTICE: THIS DOCUMENT IS TO BE FILED IN THE 438TH JUDICIAL DISTRICT COURT

Cause Number: DICKSON M GEORGE VS BOARD OF GOVERNORS OF

DATE FILED: 01/29/2018

Plaintiff: Malik Bey
(Print first and last name of the person filing the lawsuit.)

in the

(check one):

☐ District Court☐ County Court / County Court at Law☐ Justice Court

And

Court
NumberDefendant: BOG Federal Reserve System
(Print first and last name of the person being sued.)

County _____ Texas

form)



Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

AFFIDAVIT OF INABILITY

1. Your Information

My full legal name is: Malik M. George Bey My date of birth is: [REDACTED]
First Middle Last Month/Day/YearMy address is: (Home) 4610 Woodpath Ln
(Mailing) _____My phone number: 510-471-0369 My email: Dicksonmichael1987@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1. <u>[REDACTED]</u>	<u>11</u>	<u>daughter</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

2. Are you represented by Legal Aid?

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

☐ I do not receive needs-based public benefits. - or -

☐ I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☐ Other: _____

BY:

DEPUTY

2018 JAN 29 P 4:02

FILED
DONNA KAY MEKINNEY
DISTRICT CLERK
BEXAR COUNTY

Donna Kay McKinney

4. What is your monthly income and income sources?

"I get this monthly income:

\$ 0 in monthly wages. I work as a _____ for _____
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: (List only if other members contribute to your household income.)

\$ _____ from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties
☐ Child/spousal support
☐ My spouse's income or income from another member of my household (If available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ _____ is my total monthly income.

5. What is the value of your property?

"My property includes:

Value*

Cash \$ _____

Bank accounts, other financial assets \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Vehicles (cars, boats) (make and year)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other property (like jewelry, stocks, land, another house, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total value of property → \$ _____**6. What are your monthly expenses?**

"My monthly expenses are:

Amount

Rent/house payments/maintenance \$ _____

Food and household supplies \$ _____

Utilities and telephone \$ _____

Clothing and laundry \$ _____

Medical and dental expenses \$ _____

Insurance (life, health, auto, etc.) \$ _____

School and child care \$ _____

Transportation, auto repair, gas \$ _____

Child / spousal support \$ _____

Wages withheld by court order \$ _____

_____ \$ _____

Debt payments paid to: (List) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses → \$ _____

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed) _____

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐**8. Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☐ I cannot afford to pay court costs.☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.My name is Malik Bey My date of birth is [REDACTED]My address is 6410 Woodpath Lubbock Tx 79415
Street City State Zip Code CountryMalik Bey signed on 5/29/16 in Bexar County, TX
Signature Month/Day/Year county name State



2018-CI-01628
 438TH JUDICIAL DISTRICT COURT
 DICKSON M GEORGE VS BOARD OF GOVERNORS O
 DATE FILED: 01/29/2018

**AFFIDAVIT OF
 INABILITY**

Pro Se Acknowledgement

Cause Number: _____

I have received, read and understand all of the Pro Se Hearing Guidelines. I agree to abide by these guidelines and understand that my failure to do so may result in adverse action against me, that I may be asked to leave the Courtroom, or that I may not receive the relief I am seeking.

If the opposing party will sign a **Waiver of Citation**, it is only valid if the notarized signature is dated at least one (1) day after the date the **Original Petition for Divorce** is filed.

If I am filing for a divorce or for a change in custody, and my spouse and I care for minor-age children, I will take the required class, "**Helping Children Cope with Divorce**", before asking the court to enter a final Order or Decree. I understand that my divorce will not be granted without presenting the certificate of completion.

I understand that I may hire an attorney to represent me or, if I meet certain requirements, I may be entitled to free counsel. By choosing to voluntarily represent myself, I am now proceeding Pro Se. I will receive no special favors, assistance, or advice from the Judge, judicial staff, or clerks as they cannot and do not represent either party in the litigation. I will be expected to comply with all relevant rules of procedural, evidentiary, and substantive law. I understand that the filing and service fees are not refundable under any circumstance.

Malik Bey
 Signature of Pro Se-Litigant

01/29/2018
 Date

FILED
 DONNA KAY MCKINNEY
 DISTRICT CLERK
 BEXAR COUNTY
 2018 JAN 29 P 4:00
 BY: Debra Canale
 DEPUTY

Cause No.

2018CI01628 -P00005

2018-CI-01628

438TH JUDICIAL DISTRICT COURT
 DICKSON M. GEORGE VS BOARD OF GOVERNORS O
 DATE FILED: 01/29/2018

Court:

Request for Process

Style: _____ Vs. _____

AFFIDAVIT OF INABILITY

Request the following process: (Please check all that Apply)

☐ Citation ☐ Notice ☐ Temporary Restraining Order ☐ Notice of Application for Protective Order
☐ Temporary Protective Order ☐ Precept with hearing ☐ Precept without a hearing ☐ Writ of Attachment
☐ Writ of Habeas Corpus ☐ Writ of Garnishment ☐ Writ of Sequestration ☐ Capias ☐ Other: Replevin

1.

Name: Board of governors of the Federal Reserve System

Registered Agent/By Serving: _____

Address: 20th St & Constitutional Ave. Washington D.C. 20551

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Constable Pct ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☒ Certified Mail ☒ Registered Mail ☐ Out of County ☐ Secretary of State ☒ Commissioner of Insurance

2.

Name: _____

Registered Agent/By Serving: _____

Address: _____

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Constable Pct ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☐ Certified Mail ☐ Registered Mail ☐ Out of County ☐ Secretary of State ☐ Commissioner of Insurance

3.

Name: _____

Registered Agent/By Serving: _____

Address: _____

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Constable Pct ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☐ Certified Mail ☐ Registered Mail ☐ Out of County ☐ Secretary of State ☐ Commissioner of Insurance

4.

Name: _____

Registered Agent/By Serving: _____

Address: _____

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Constable Pct ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☐ Certified Mail ☐ Registered Mail ☐ Out of County ☐ Secretary of State ☐ Commissioner of Insurance

Title of Document/Pleading to be Attached to Process: _____

Name of Attorney/Pro se: Malik: Bey

Bar Number: _____

Address: 8610 Woodpath Ln
Houston Tx 77075Phone Number: 570-871-0536Attorney for Plaintiff _____ Defendant X Other _____

IF SERVICE IS NOT PICKED UP WITHIN 14 BUSINESS DAYS, SERVICE WILL BE DESTROYED

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK)

2018-CI-01628

FILED 2018 CI 01628 - P00002

STYLED _____

438TH JUDICIAL DISTRICT COURT

(e.g., John
A civil case information sheet must be completed for all civil cases, including health care or when a post-judgment petition is filed.

DICKSON M GEORGE VS BOARD OF GOVERNORS OF

DATE FILED: 01/29/2018

(George Jackson)
initiate a new civil, family law, probate, or mental health case.
The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet:		Names of parties in case:		Person or entity completing sheet is:	
Name: <u>Malik Bey</u> Address: <u>6610 Woodpath Ln</u> City/State/Zip: <u>Houston TX 77075</u> Signature: <u>Malik Bey</u>		Email: <u>dicksonmichael@67</u> Telephone: <u>(281) 231-0000</u> Plaintiff(s)/Petitioner(s): <u>Malik Bey</u> Defendant(s)/Respondent(s): <u>Board of Gov. of the Federal Res. System</u>		<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input checked="" type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____	
2. Indicate case type, or identify the most important issue in the case (select only 1):					
Civil			Family Law		
Contract <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	Injury or Damage <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	Real Property <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: <u>EscAPE claim</u> Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____	
Employment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____			Other Civil <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____		
Tax <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax: _____			Probate & Mental Health Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____		
3. Indicate procedure or remedy, if applicable (may select more than 1):					
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action		<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment		<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover	
4. Indicate damages sought (do not select if it is a family law case):					
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000					

AFFIDAVIT OF INDEMNITY

BY:

2018 JAN 29 PM 4:00

DOHNA KAY MCKINNEY
DISTRICT CLERK
CLAY COUNTY